## CENTERS FOR MEDICARE & MEDICAID SERVICES CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFIC LIFE OF COMPLIANCE

LABORATORY NAME AND ADDRESS
TENNESSEE DEPARTMENT OF HEALTH
LABORATORY SERVICES
630 HART LANE
NASHVILLE. TN 37247-0801

LABORATORY DIRECTOR

MICHAEL W KIMBERLY DR PH

CLIA ID NUMBER 44D0659062

01/05/2006

EXPIRATION DATE 01/04/2008

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.

CIVIS

Judith G. Yast

Judith A. Yost, Director Division of Laboratory Services Survey and Certification Group Center for Medicaid and State Operations

If you currently hold a Certificate of Compliance or Certificate of Accreditation, below is a list of the laboratory specialties/subspecialties you are certified to perform and their effective date:

LAB CERTIFICATION (CODE)	EFFECTIVE DATE
BACTERIOLOGY (110)	01/05/1994
MYCOBACTERIOLOGY (115)	01/05/1996
MYCOLOGY (120)	01/05/1996
PARASITOLOGY (130)	01/05/1996
VIROLOGY (140)	01/05/1996
SYPHILIS SEROLOGY (210)	01/05/1996
GENERAL IMMUNOLOGY (220)	01/05/1994
ROUTINE CHEMISTRY (310)	01/05/1994
URINALYSIS (320)	01/05/1996
ENDOCRINOLOGY (330)	01/05/1994

LAB CERTIFICATION (CODE) EFFECTIVE DATE

FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT WWW.CMS.HHS.GOV/CLIA OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER.

PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.